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## **COVER LETTER**

Division of Co		•		
SUBJECT: Fave Export, LLC				
<del> </del>	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Jesus Velazquez		
		Name of Person		
Fave Global Solutions, LLC				
Firm/Company				
4214 SW 2nd ter				
		Address		
		Miami Fl 33134		
		City/State and Zip Code		
jesus@favegs.com  E-mail address: (to be used for future annual report notification)				
	E-mail address: (	to be used for future annual report notifica	ition)	
For further information	concerning this matter, please of	call:		
Je	sus Velazquez	at (786)	997209	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fave Exp	ort, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company were filed on 11/26/08 ar			
Florida document number L08000109521			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Fave Global So	olutions, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1000 Ponce de Leon Blvd Suite 208		
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FI 33134		
		<b>7</b>	
		SE E T	
Enter new mailing address, if applicable:	4214 SW 2nd ter	88	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FI 33134	राष्ट्र ३ हा	
		is - C	
		REAL OF	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	·	nter the name of the new	
registered agent and/or the new registered office address ner	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
	, Florid		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove Remove \_\_\_ Add Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_ July 16 **2**012 Signature of a member or authorized representative of a member Jesus Velazquez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00